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FAX TRANSMISSION**DATE:** September 14, 2006**PTO IDENTIFIER:** Application Number 10/724,458-Conf. #9862
Patent Number**Inventor:** Leslie William ORGAN et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Anthony A. Laurentano

PHONE: (617) 227-7400**Attorney Dkt. #:** BEW-005**PAGES (Including Cover Sheet):** 18**CONTENTS:**

Fee Transmittal (1 page) in duplicate
Amendment in Response to Non-Final Office Action (12 pages)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Transmittal (1 page)
Charge \$510.00 to deposit account 12-0080
Certificate of Transmission (1 page)

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PTO/SB/07 (08-04)

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Application No. (if known): 10/724,458

Attorney Docket No.: BEW-005

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38,220

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Transmittal (1 page)

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PTO/SB/21 (07-06)

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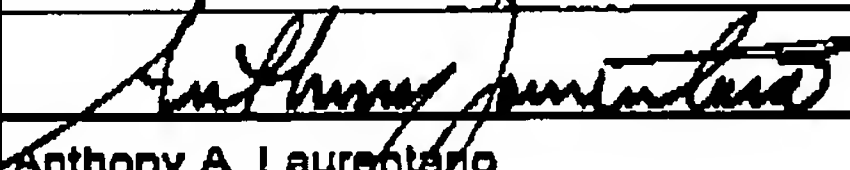
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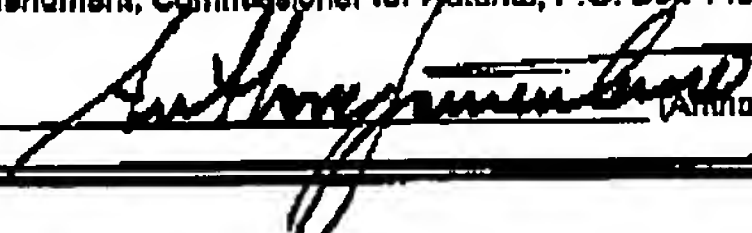
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/724,458-Conf. #9862
	Filing Date	November 28, 2003
	First Named Inventor	Leslie William ORGAN
	Art Unit	3736
	Examiner Name	M. D. Dryden
Total Number of Pages In This Submission	Attorney Docket Number	BEW-005

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Transmission and return postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Anthony A. Laurentano		
Date	September 14, 2006	Reg. No.	38,220

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Dated: September 14, 2006	Signature:  (Anthony A. Laurentano)

PTO/SB/17 (07-06)
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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<p style="text-align: center;">Complete if Known</p> <p>Application Number 10/724,458-Conf. #9862</p> <p>Filing Date November 28, 2003</p> <p>First Named Inventor Leslie William ORGAN</p> <p>Examiner Name M. D. Dryden</p> <p>Art Unit 3736</p> <p>Attorney Docket No. BEW-006</p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<p style="text-align: right;">RECEIVED CENTRAL FAX CENTER SEP 14 2006</p>	
<p>TOTAL AMOUNT OF PAYMENT (9) 510.00</p>			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
22	- 24 = 0	x 25.00 =	0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 = 0	x 100.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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3. APPLICATION SIZE FEE

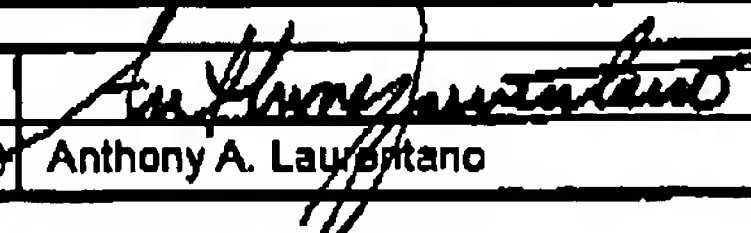
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **2253 Extension for response within third month****Fee Paid (\$)****510.00**

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	38,220
Name (Print/Type)	Anthony A. Laurentano	Telephone	(617) 227-7400
		Date	September 14, 2006

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